

Name
in
Full

Sing Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	About 65	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Sing Bailey
Because the City
Anne Arundel
1906 9 2
Male Colored Md.
Salesman
Widowed
Do not know
Do not know
Do not know
Do not know

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	56	How long
Immediate	Aleholism	How long

Are the name, age, sex, color, date and place correctly given above?

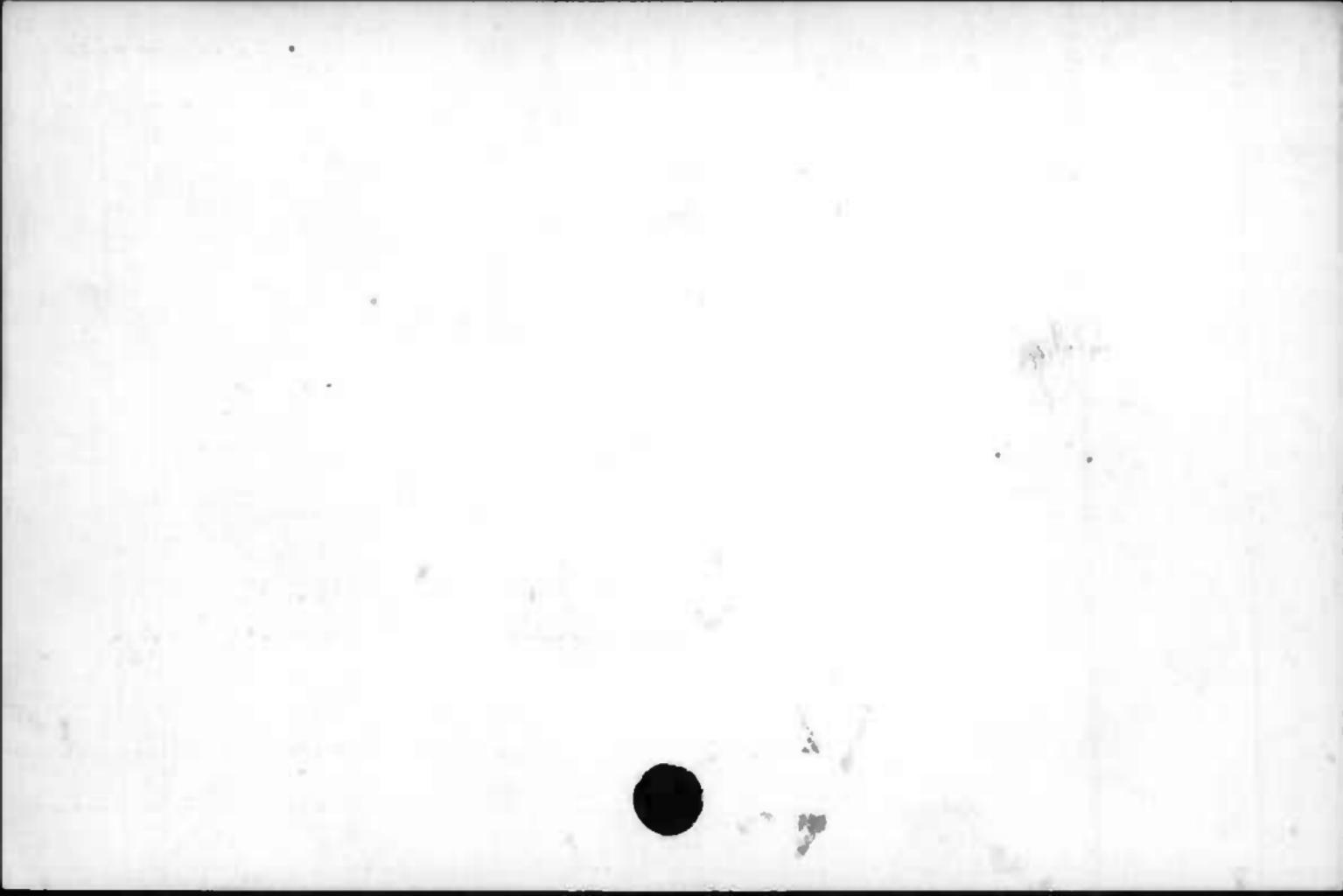
Yrs

Signature of Physician

Address

J. Wilson, M.D.
Because the City

Accident or Suicide?



Rosa Ballard

CERTIFICATE OF DEATH

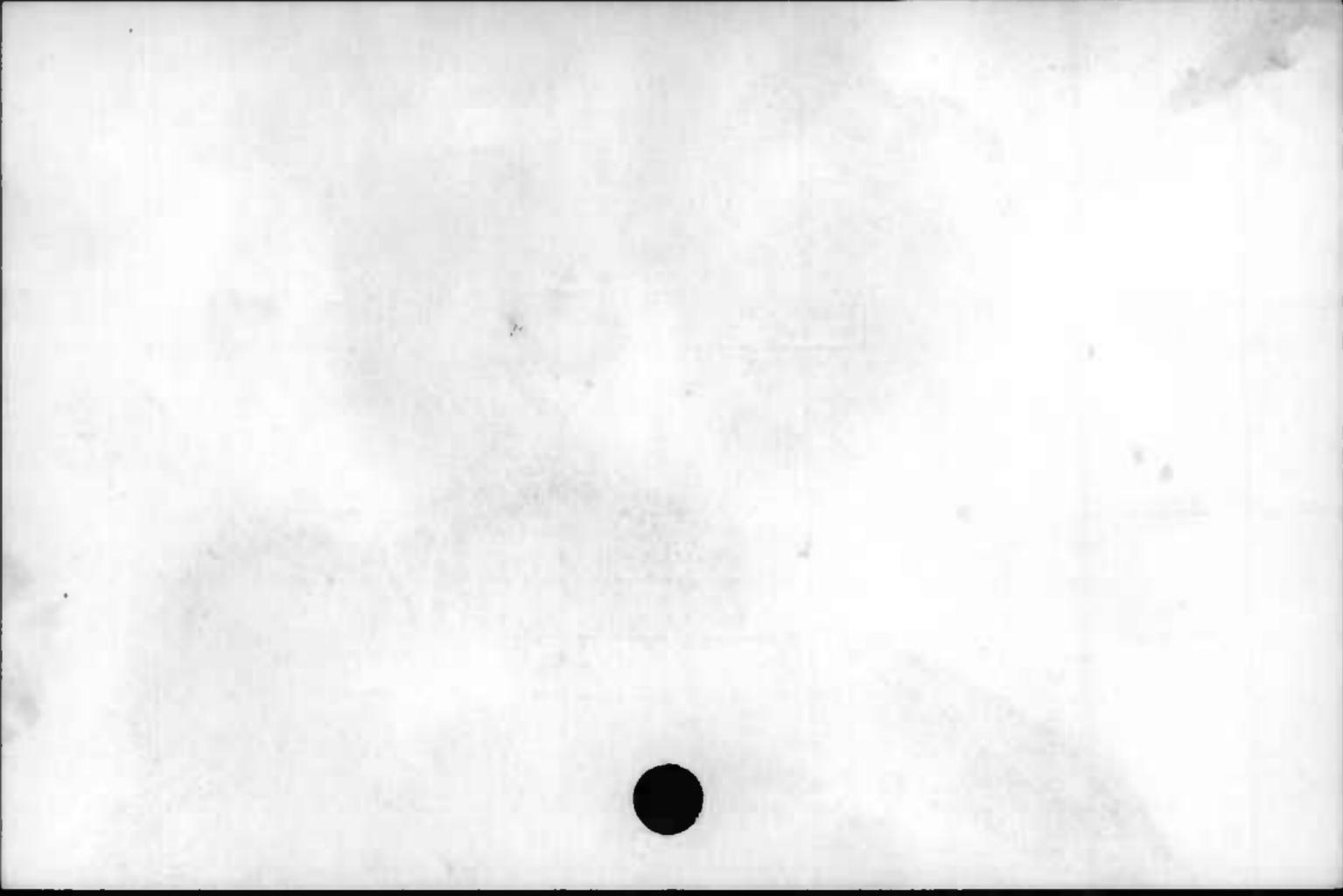
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	Worster Co
Mother's Maiden Name				Mother's Birthplace	1 22
Name of person giving information				How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long
Immediate	exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		Samuel Lyman	
		Pawmoke City, Md	



Name
in
Full

Geo. H Buddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Male	Color or Race	Cold		Birth-place	Md
Occupation	past labor		Where Residing if not at place of death		Baltimore	
Married, <input checked="" type="checkbox"/>	Name of Wife or Husband		Martha Buddell			
Father's Name	Kendall Buddell		Father's Birthplace		Md	
Mother's Maiden Name	Sarah		Mother's Birthplace		Md	
Name of person giving information	Jacob Buddell		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

How long

†

Immediate

Volunar Disease of heart

How long

† year

Are the name, age, sex, color, date and place correctly given above?

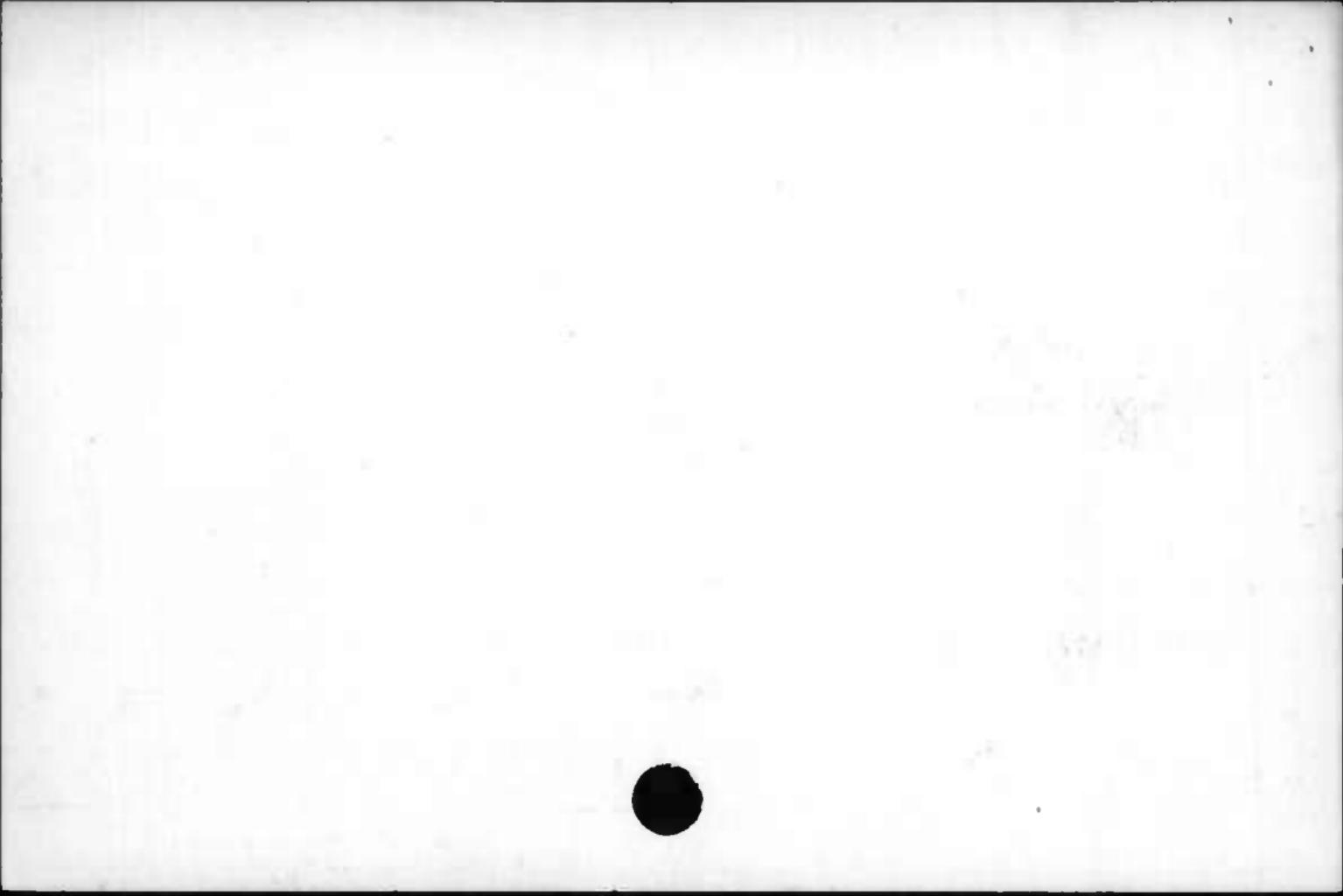
Signature of Physician

Eby Holland
Baltimore

Yes

Address

Accident or Suicide?



Name
in
Full

John J. Collick

CERTIFICATE OF DEATH

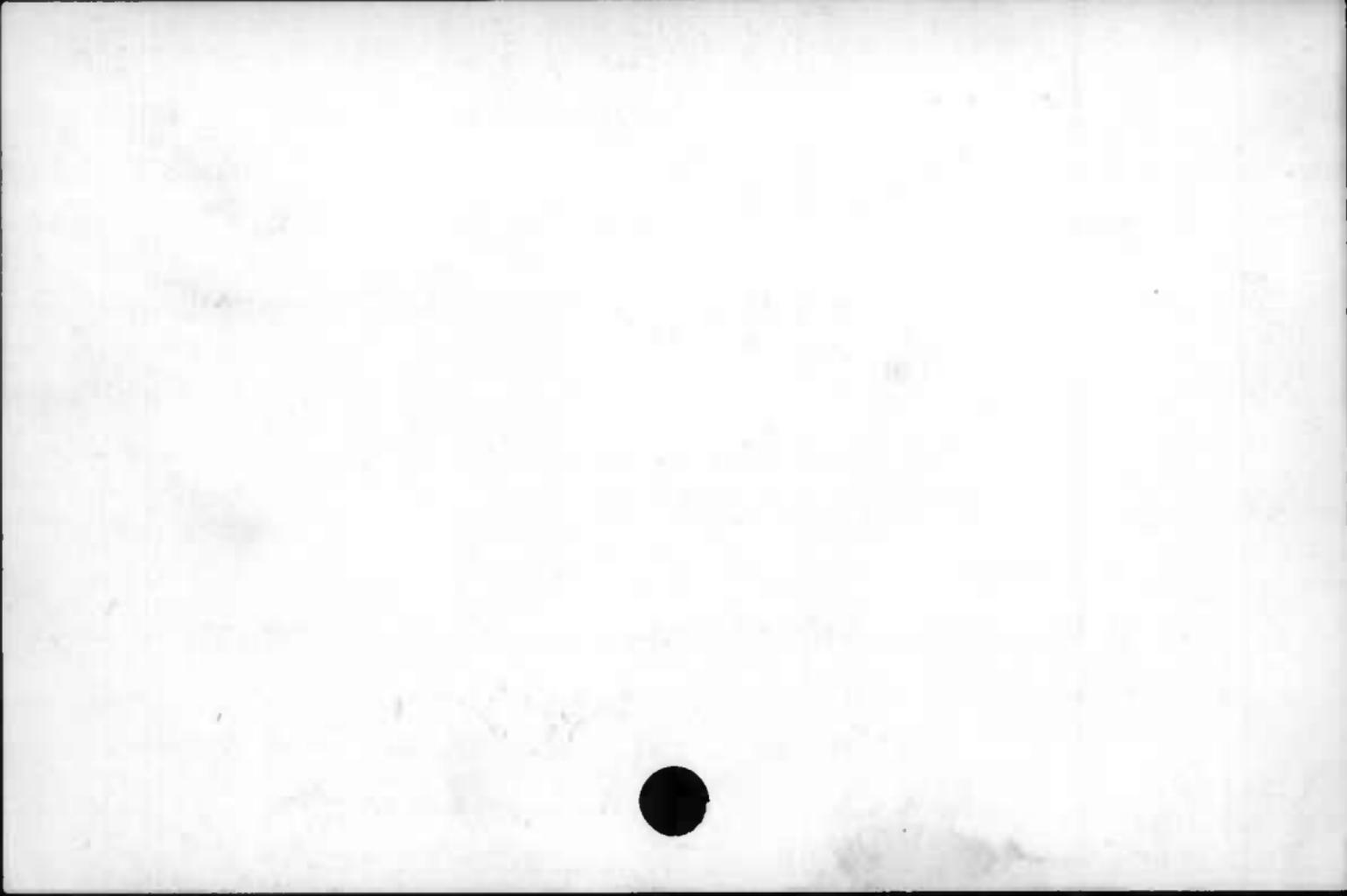
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month Sept	Day 25th	Years 12	Months 4	Days 21
Sex	Male	Color or Race	colored		Birth-place	Snow Hill and
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Livin Collick				Father's Birthplace	Snow Hill and
Mother's Maiden Name	Sarah Collick				Mother's Birthplace	Snow Hill and
Name of person giving information	Livin Collick				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	Can work
Immediate	Acute Gastritis		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Physician	Signature of Physician	
			Address	
Accident or Suicide?				



Name
in
Full

Not married.

Dennis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Sept.	18 th	Age		9	
Sex	male.	Color or Race	Negro.	Birth-place	Stockton.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Horace Dennis					
Mother's Maiden Name	Mary F. Fisher					
Name of person giving information	Horace Dennis.					
Father's Birthplace	near Stockton					
Mother's Birthplace	Spring Hill.					
How related to deceased	Son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Spinal J. paralysis

(63)

How long
How long

Immediate

Incontinence

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Frederick W. L. Dennis

Stockton

Worcester Co., Md.

Accident or Suicide?



Name
In
Full

Infant Dryden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Snow Hill	Worcester				
Date of death	Month	Day	Years	Months	Days	
1906	Sept.	26	-	-	10	
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death		-			
Married, Single or Widowed	Name of Wife or Husband		-			
Father's Name	Samuel Dryden		Father's Birthplace	Md.		
Mother's Maiden Name	Burkrie		Mother's Birthplace	Md.		
Name of person giving information	Samuel Dryden		How related to deceased	Father		

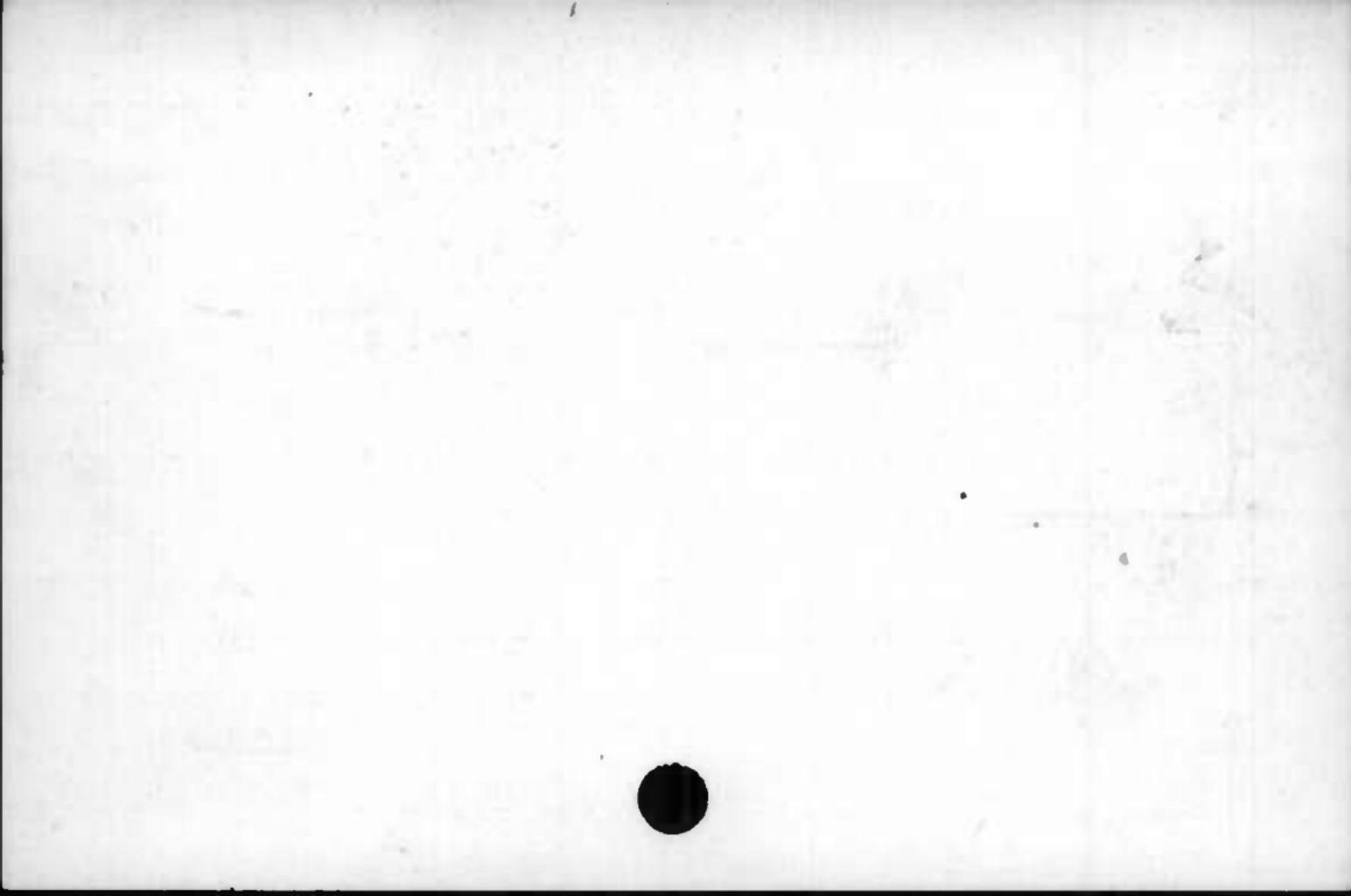
CAUSES OF DEATH

Primary: Omphalitis 108
How long: 3 or 4 days
Immediate: How long:

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician: W.W. Strong, M.D.
Address: Snow Hill, Md.

Accident or Suicide?



Name
in
Full

Beula Gin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at ^{Town} near Pocomoke		County Worcester		MARYLAND	
Date of death	Month 6 Sept.	Day 21	Years Age 18	Months 6	Days
Sex Female	Color or Race Black	Birth-place Worcester, Md			
Occupation Day laborer	Where Residing if not at place of death at place of death				
Married, Single widowed	Name of Wife or Husband				
Father's Name Isaac Gin	Father's Birthplace Worcester, Md				
Mother's Maiden Name Hattie Tilds	Mother's Birthplace Virginia				
Name of person giving information Isaac Gin	How related to deceased Father				

CAUSES OF DEATH

Primary	Continued Fever	How long	one month
Immediate	Failure of vital forces	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	97 Coates
		Address	Pocomoke, Md
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Pocomoke City			County Worcester		MARYLAND	
Date of death 1906	Month Sept	Day 2	Age 19	Years	Months	Days
Sex Female	Color or Race Colored	Birth- place Maryland.				
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband John H. Henry	Father's Birthplace Md.				
Father's Name Isaac H. Miles	Mother's Birthplace Md.					
Mother's Maiden Name Oeria Paynel	How related to deceased Husband.					
Name of person giving Information John H. Henry						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of bone

How long

6 months

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

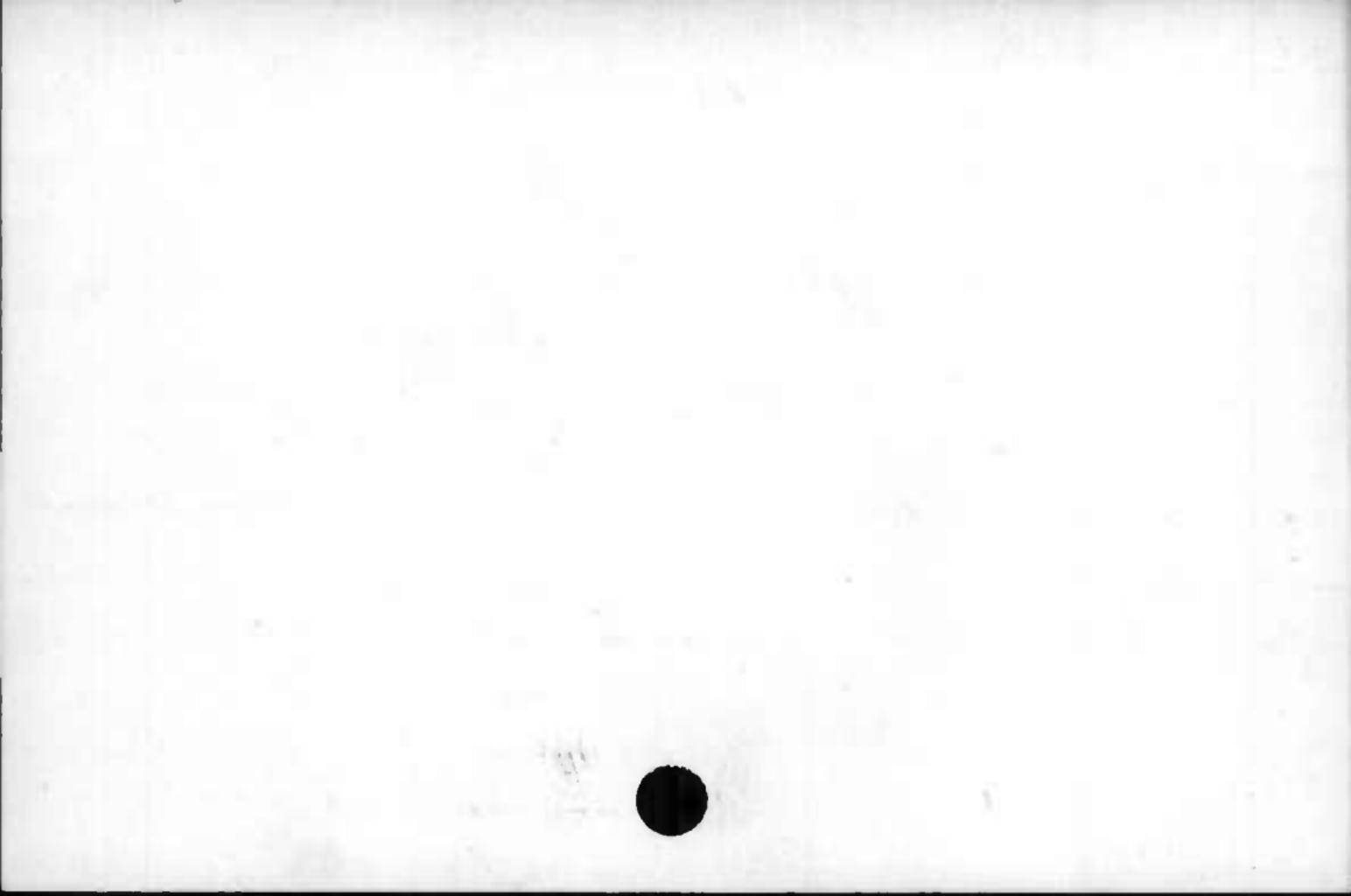
Yrs

Signature of
Physician

Address

J. Wilson, M. D.
Pocomoke City

Accident or Suicide?



Name
In
Full

Elva May Kump

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Oly Keenly				
Mother's Maiden Name	Dora Holloway				
Name of person giving Information	Mrs Holloway				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *No Doctor* *in Brooklyn* How long

Immediate *No Doctor* *in Brooklyn* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No Doctor
D. A. Massey
N.Y.C.

Accident or Suicide?



Name
in
Full

Mary J Marshall

CERTIFICATE OF DEATH

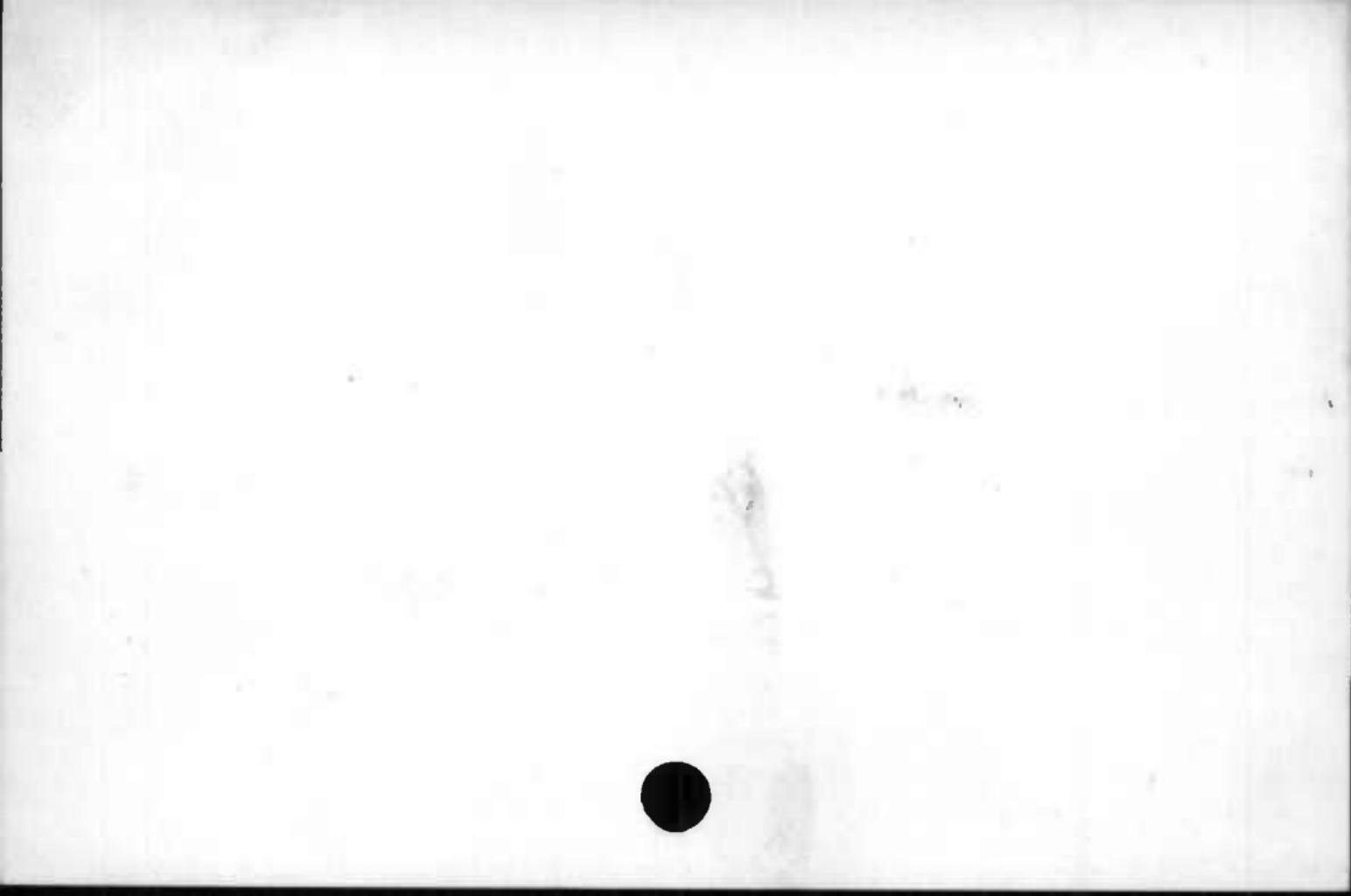
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Bromoketown		
Occupation	Domestic		Where Residing if not at place of death	" "		
Married, Single or Widowed	Widow		Name of Wife or Husband	George Marshall		
Father's Name	Isaac Bradley		Father's Birthplace	Bromoketown		
Mother's Maiden Name	Maria Hunter		Mother's Birthplace	" "		
Name of person giving information	Malvina Gale		How related to deceased	sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long	seven month
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Samuel L. Turner	
		Address	Bromoketown	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Benj J Milvin

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	White		Birth-place	
Occupation	Clark	Where Residing if not at place of death			Worcester Co	
Married, Single or Widowed	Married	Name of Wife or Husband	Rebecca J Kelley		Pawmoke City	
Father's Name	Sam'l Milvin				Worcester Co	
Mother's Maiden Name	Jamie Blades				" "	
Name of person giving information	Lucille Milvin				How related to deceased	

CAUSES OF DEATH

Primary

Tuberculosis

How long

4 years

Immediate

Neurasthenia & Phthisis

How long

4 months

Are the name, age, sex, color, date and place correctly given above?

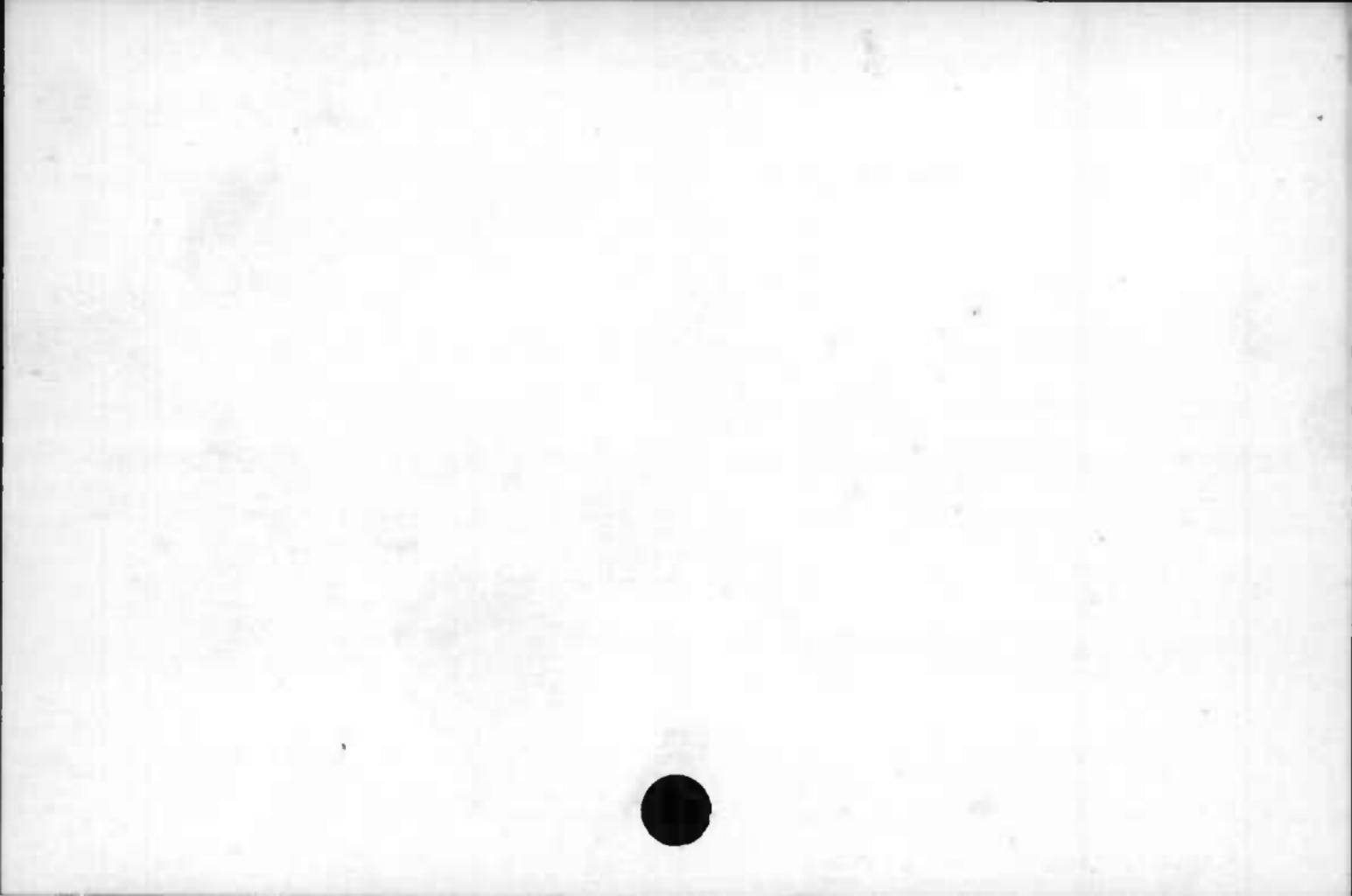
Yes

Signature of Physician

Address

Sam'l Salomon
Pawmoke City Md

Accident or Suicide?



Name
in
Full

Myronk Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

	Town	County	MARYLAND	
Died at		Worcester	Months	Days
Date of death	Month	Day	Years	
1906	September	24	Age	14
Sex	Color or Race	Birth-place		
Male	Collard	Maryland		
Occupation	Where Residing if not at place of death			
Labourer	At Bishopville			
Married, Single or Widowed	Name of Wife or Husband			
Single	None			
Father's Name	Father's Birthplace			
Lambert Stegues	Maryland			
Mother's Maiden Name	Mother's Birthplace			
Bell Moore	Maryland			
Name of person giving information	How related to deceased			
Dan Jones	None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Comassim of the Brain		How long
Immediate	"		4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
Accident		Address	R R Collins Bishopville Md
Accident or Suicide?			



Name
in
Full

Clancy Elizabeth Parker

CERTIFICATE OF DEATH

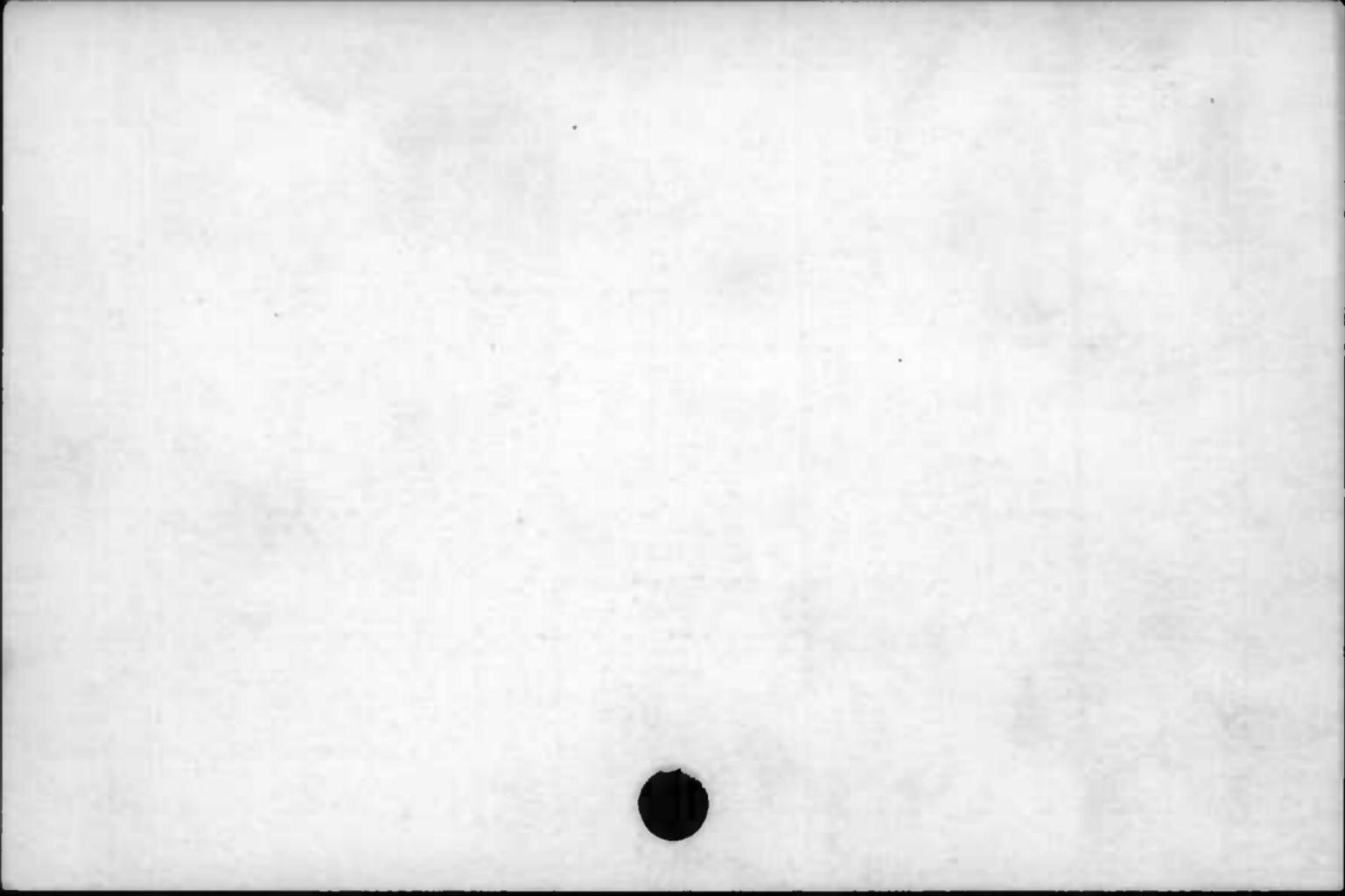
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Poconoke City</u>		Town <u>Poconoke City</u>		County <u>Greene</u>		MARYLAND			
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>29</u>	Age <u>29</u>	Years <u>29</u>	Months <u>8</u>	Days <u>20</u>			
Sex <u>Female</u>	Color or Race <u>White</u>				Birthplace <u>Powellsville Md</u>				
Occupation <u>House keeping</u>	Where Residing if not at place of death								
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>May E. Parker</u>								
Father's Name <u>Loda Littleton</u>			Father's Birthplace <u>Powellsville</u>						
Mother's Maiden Name <u>Annie Bradford</u>			Mother's Birthplace <u>Powellsville</u>						
Name of person giving information <u>Geo. W. Littleton</u>			How related to deceased <u>Brother</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Lungmarg tuberculosis</u>	How long <u>Two years</u>
Immediate <u>Exhavation</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. Herstall</u>
	Address <u>Poconoke City, Md</u>
Accident or Suicide?	



Katie B. Pennewell

Died at	Town	County	Native of			Occupation
Ocean City	Ocean City	Worcester	MD	Wife	MARYLAND	
Date 19	Month	Day	Y.	M.	D.	
06	9	21	27			
Female	White	Age	Married	Widow	Divorced	Number of children living
						2

Husband of Leslie Pennewell

Wife	James Lynch	Mother's	Besie Faesett
Father's Name		Maiden Name	
Cause of Death	Primary	How long sick	
Death	Immediate		Accident, Suicide, Homicide
Reported by	The Holland		
Address	Berlin MD		

Dysentery Collapse

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Alexander Powell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Sept	Day 24	Years 72	Months	Days
Sex Male	Color or Race White	Birth-place Worcester Co			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Sarah E Full				
Father's Name Elijah Powell	Father's Birthplace Worcester				
Mother's Maiden Name Don't Know	Mother's Birthplace "				
Name of person giving Information Elijah Powell	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis
exhaustion

How long

2 years

Immediate

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

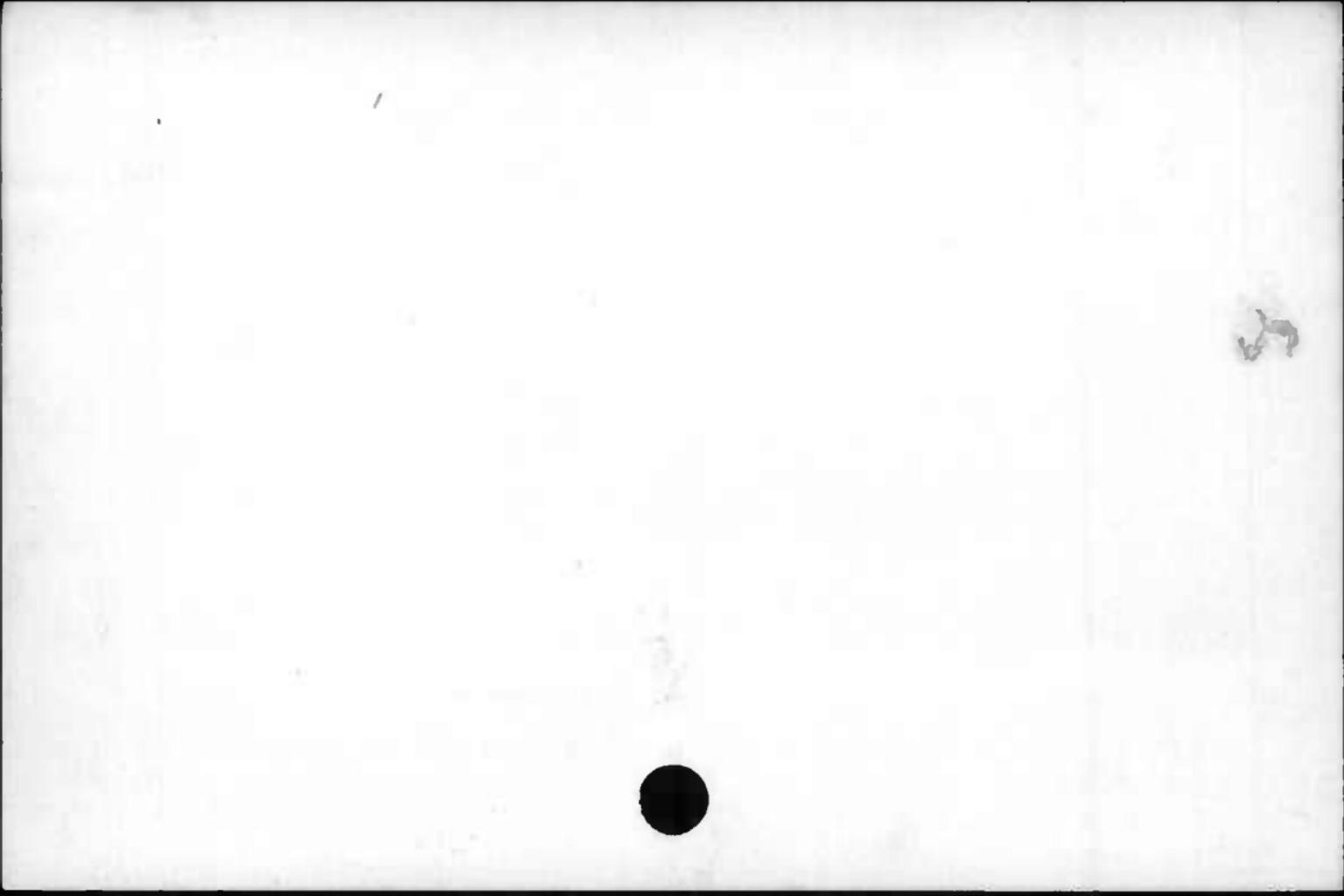
Yes

Signature of Physician

Address

Samuel Gunn
Paramount City Md

Accident or Suicide?



Roff. S. Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at		Snow Hill	Hancock			
Date of death	Month	Day	Years	Months	Days	
1906	Sept.	30	Age 46	6	—	
Sex	Male	Color or Race	White	Birth-place	2nd	
Occupation	Mill Sup't.		Where Residing if not at place of death	Snow Hill, Md.		
Married, Single or Widower	Name of Wife or Husband					
Father's Name	Roff. J. Powell		Father's Birthplace	2nd.		
Mother's Maiden Name	Smith		Mother's Birthplace	Me		
Name of person giving information	Mrs. R. S. Powell		How related to deceased	wife		

CAUSES OF DEATH

Primary

Diabetes Mellitus

How long

4 years.

Immediate

Are the name, age, sex, color, date and place correctly given above?

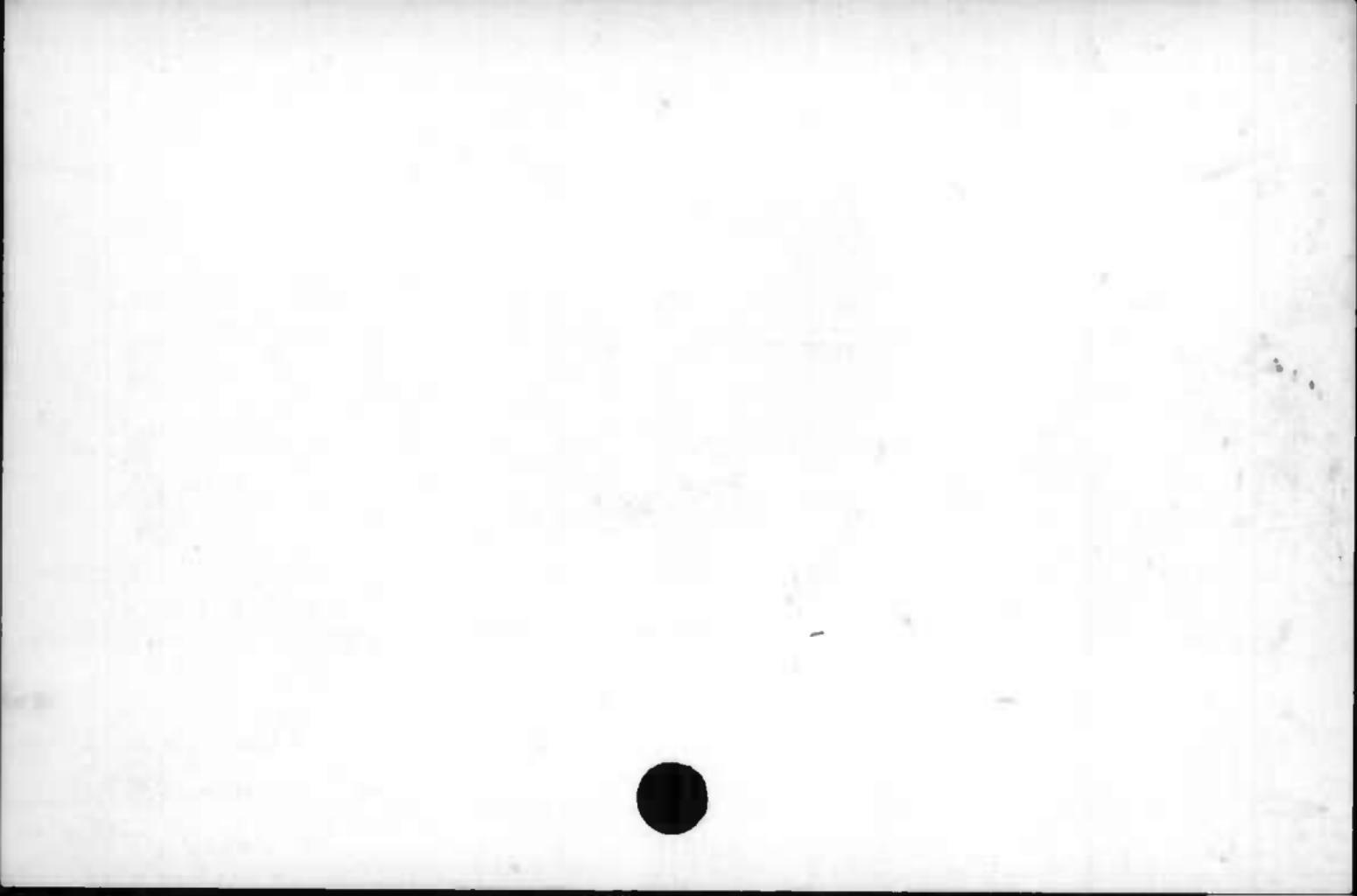
Yes.

Signature of Physician

W.D. Hargrave

Address
Snow Hill - Md.

Accident or Suicide?



Name
in
Full

William Powell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		Town	County <u>Worcester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept.</u>	Day <u>20</u>	Age <u>—</u>	Years <u>—</u>	Months <u>11</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Snow Hill</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Geo. H. Powell</u>	Father's Birthplace <u>Wor. Co. Md</u>					
Mother's Maiden Name <u>Cordelia Timmons</u>	Mother's Birthplace <u>Wor. Co. Md</u>					
Name of person giving information <u>Cordelia Powell</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

Primary

Acute Gastric Enteritis

How long

6 days

Immediate

Meningitis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

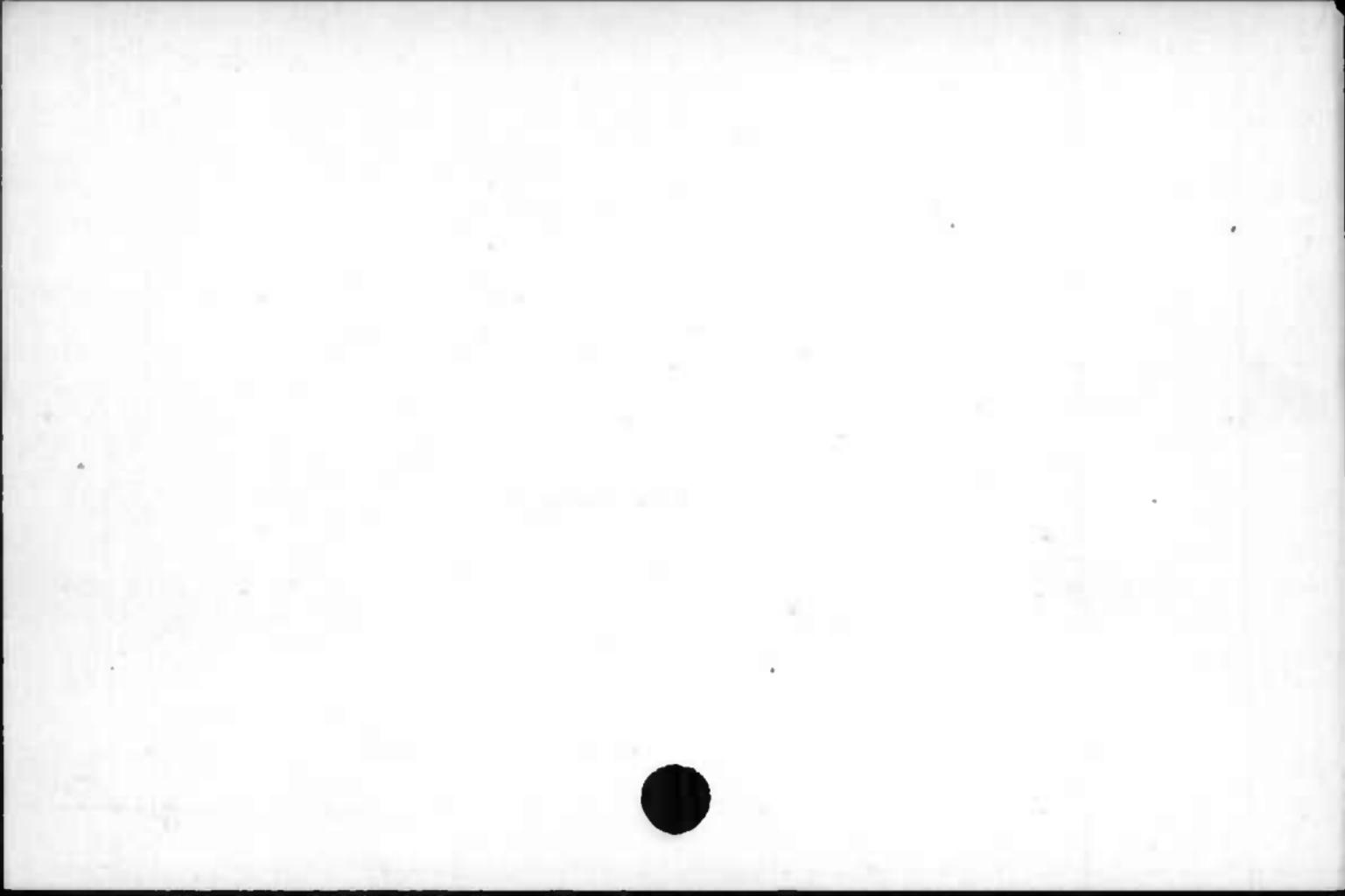
Signature of Physician

Address

Paul Jones
Snow Hill
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Edgar Purnell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1906	Sept	17	Age 25
Sex	Color or Race	Birth-place	
Female	Black	Maryland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Maryland
Father's Name	Julia Tarrant	Mother's Birthplace	Maryland
Mother's Maiden Name	Lemire Purnell	How related to deceased	Maryland
Name of person giving Information	Henry White		

PHYSICIAN
OR CORONER

Primary

Pulmonary - (2) - Diphos

How long

Immediate

- Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Andricksen
Berlin Md.

Accident or Suicide?

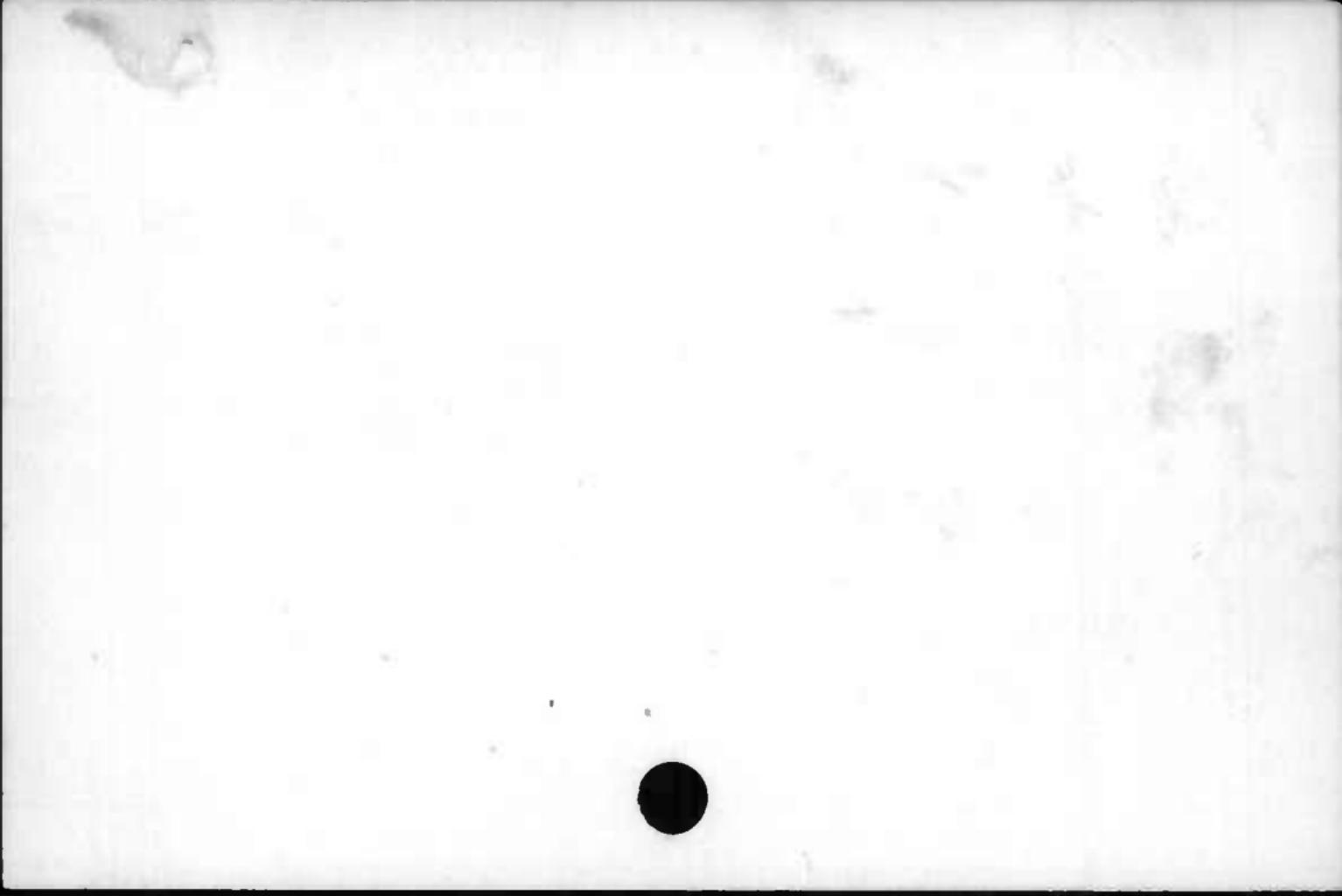


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Date of death	190	Month	Day	Years	Months Days
Sex	Female	Color or Race	White	Birth-place	Worcester Co
Occupation	Domestic	Where Residing if not at place of death			Worcester Co
Married, Single or Widowed	Widow	Name of Wife or Husband			Paocomoke City
Father's Name	Dykes	Father's Birthplace			Worcester Co
Mother's Maiden Name	Don't know	Mother's Birthplace			" "
Name of person giving information	May Parsons	How related to deceased			Granddaughter
CAUSES OF DEATH					
Primary	Indigestion	104	How long	1 year	
Immediate	Exhaustion		How long	6 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Paul J. Lerner	
			Address	Paocomoke City	
Accident or Suicide?					



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name In Full		unnamed		Stohely		CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex		Female	Color or Race	Age	Birth-place	Baltimore City	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband	—		—		
Father's Name		Chas Stohely		Father's Birthplace	11 11		
Mother's Maiden Name		Hattie Luinen		Mother's Birthplace	11 11		
Name of person giving information		Stevan Dyer		How related to deceased	Friend		

CAUSES OF DEATH

Primary

still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

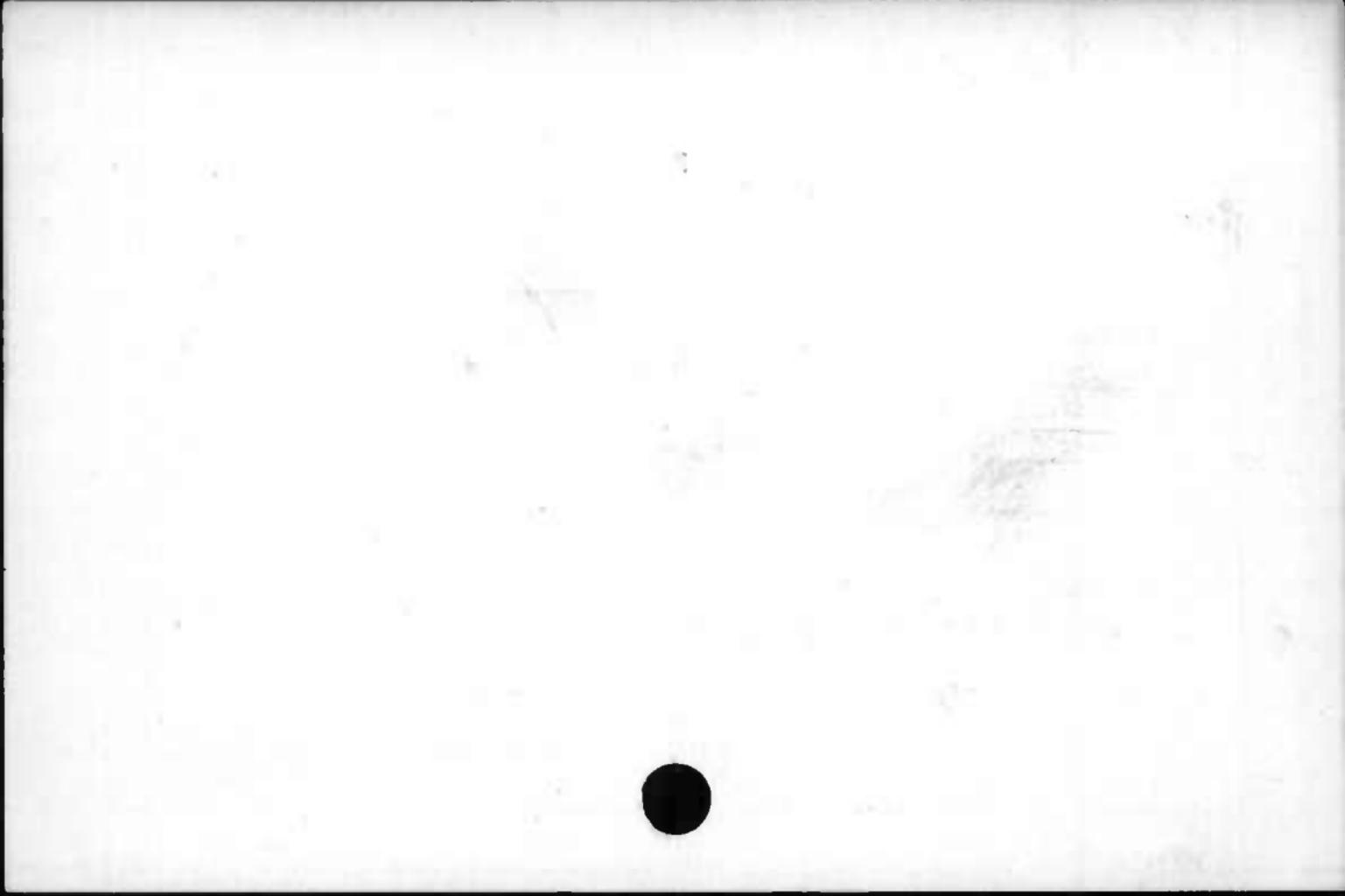
Yrs

Signature of Physician

Address

J S Luinen
Baltimore City, Md

Accident or Suicide?



Name
in
Full

Thomas St. Jingle

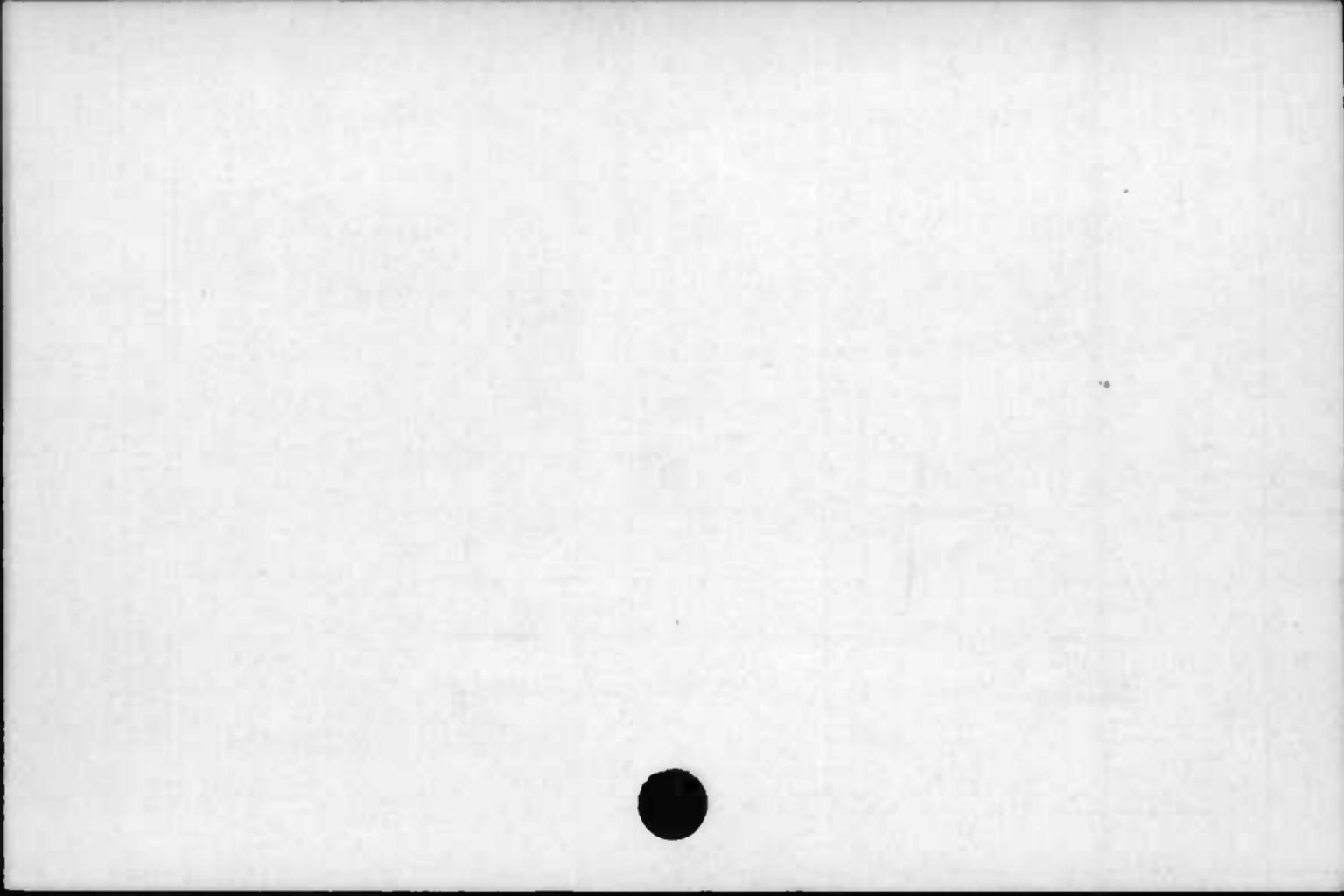
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or	Laura Jingle	
Father's Name	Dr. Nathaniel Jingle		
Mother's Maiden Name	Elizabeth Jingle		
Name of person giving information	Laura Jingle		

CAUSES OF DEATH

Primary	Softening of Brain <u>265</u> 18 months	
Immediate	softening of Brain <u>?</u>	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Blackout	

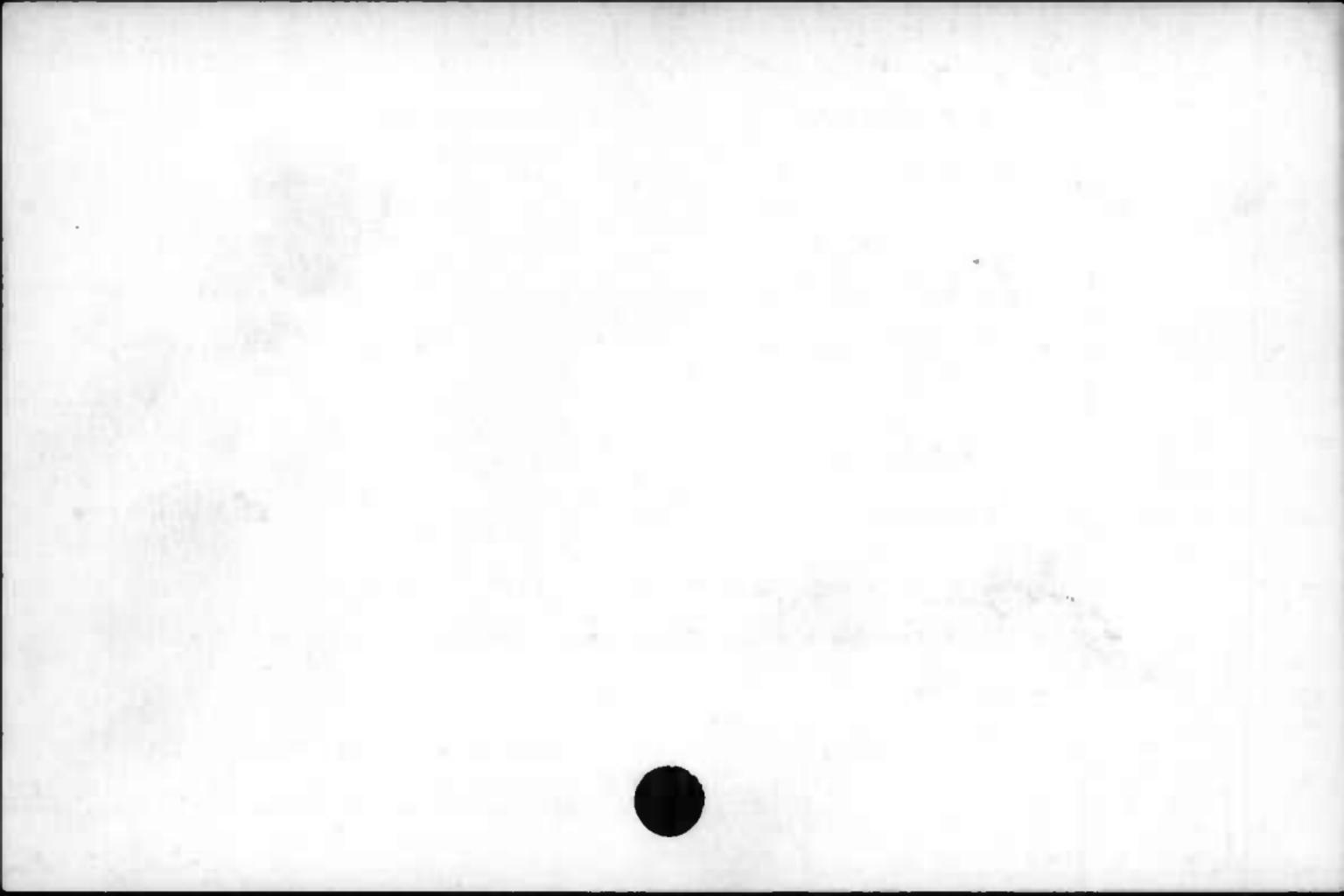


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Trader					CERTIFICATE OF DEATH		
Died at		Town Melflours	County Wicesters		MARYLAND		
Date of death	1906	Month Sept	Day 4	Age 70	Years	Months 4	Days
Sex	Male	Color or Race white	Where Residing if not at place of death Pocomoke City Md		Birth- place Md.		
Occupation	Retired Farmer		Name of Wife or Husband Widowed		or		
Married, Single or Widowed	Widowed		Name of Wife or Husband or		Father's Birthplace		
Father's Name							
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information	John Baylis				How related to deceased Son in law		
CAUSES OF DEATH							
Primary	Paroxysm of heart		10		How long		
Immediate	Sudden collapse		10		How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. Wilson, M.D.	Address Pocomoke City		
Accident or Suicide?				No			



Name
in
Full

Arba Tucker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1906		Month 9	Day 3	Years 87	Months —	Days —
Sex	Male	Color or Race	White	Birth-place	Dont Know	
Occupation	Farmer	Where Residing if not at place of death			Bellew	
Married, <u>S</u> <u> </u>	Name of Wife or <u> </u>	Annie Tucker				
Father's Name	dont know					Father's Birthplace
Mother's Maiden Name	dont kno					Mother's Birthplace
Name of person giving information	Annie Tucker					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Failure & Paralysis	How long	2 Years
Immediate		How long	" "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	No Doctor
		Address	D. A. Massey St Officer
Accident or Suicide?			



Hazel Wilson Vincent

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Snow Hill	Worcester				
Date of death	1906 Sept.	Month	Day	Years	Months	Days
			24	Age 21	10	12
Sex	Female	Color & Race	white	Birth-place	Snow Hill, Md.	
Occupation				Where Residing if not at place of death	Snow Hill, Md.	
Married, Single or Widowed				Name of Wife Husband	George W. Vincent.	
Father's Name	Stephen H. Wilson			Father's Birthplace	Md.	
Mother's Maiden Name	Cordelia A. Catlin			Mother's Birthplace	Md.	
Name of person giving Information	Miss. Minnie Wilson			How related to deceased	Sister.	

CAUSES OF DEATH

Primary

Albuminuria

How long

6 weeks

Immediate

Uracin Foma

How long

15 hours.

Are the name, age, sex, color, date and place correctly given above?

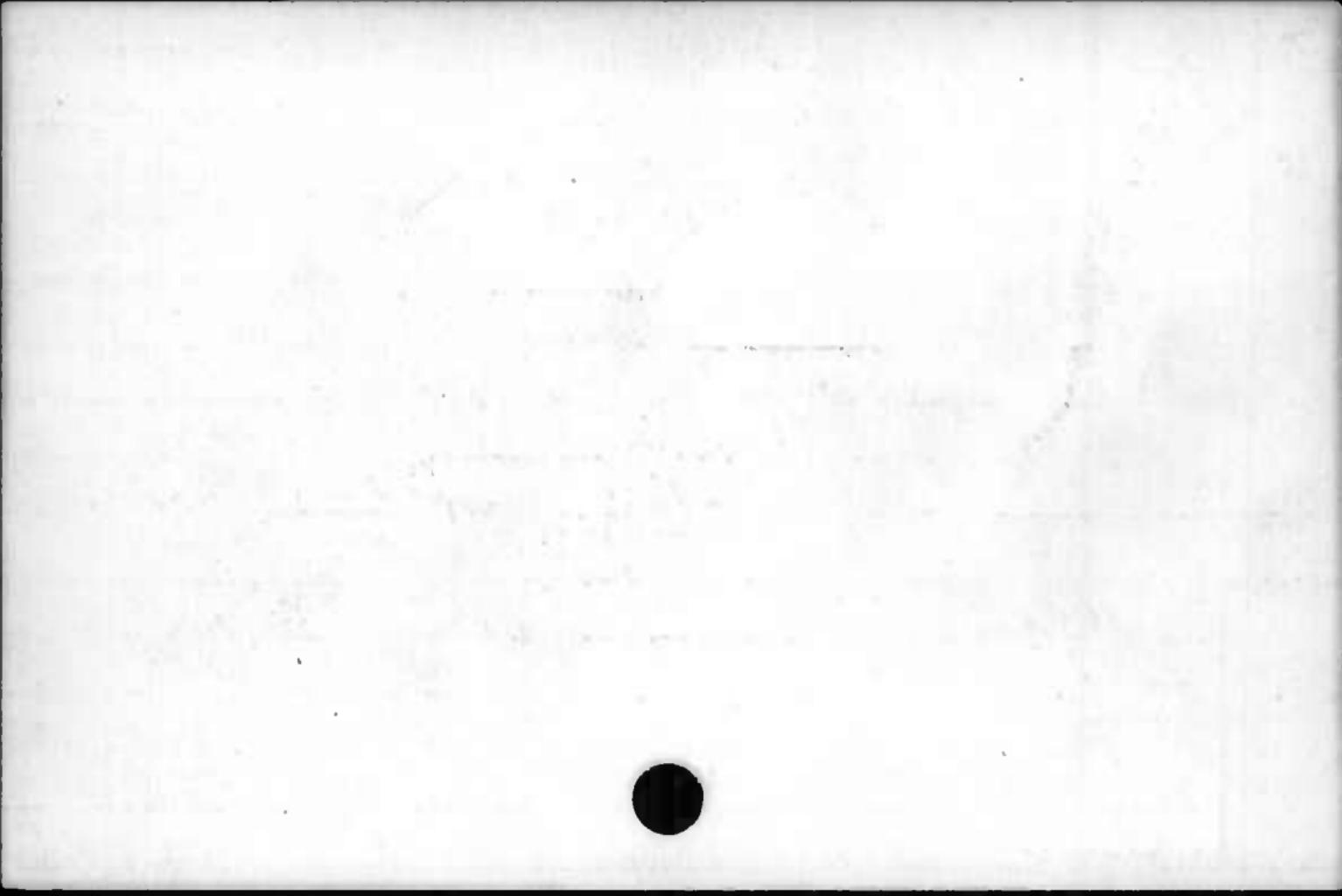
yes.

Signature of Physician

W. D. Strong Jr.

Accident or Suicide?

Address
Snow Hill, Md.



Name
In
Full

Marie Watson

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Died at		Pocomoke City	Worcester				
Date of death	1904	Month Sept	Day 21	Years —	Months —	Days —	
Sex	Female	Color or Race	Colored	3	Birth- place	Pocomoke City	
Occupation	Where Residing if not at place of death		Pocomoke City Md				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John Watson		Va				
Mother's Maiden Name	Lena Rocke		Va				
Name of person giving Information	Sabra Bailey		Daughter				

CAUSES OF DEATH

Primary	Still Born	How long
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

Her King. Subraj